



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF MASSAGE AND BODYWORK

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**REPORT OF APPROVED CONTINUING EDUCATION  
FOR PERIOD ENDING AUGUST 31, 2010**

**When to File Report**

This form is completed by continuing education (CE) providers who wish to have their approved course offerings listed on the Delaware Board of Massage and Bodywork web page entitled [Approved Continuing Education](#).

**The report is due June 20, 2009**

The Board office will use the report to update the web page. Approved courses that are reported will be listed on the web page for the remainder of the current license period, ending August 31, 2010. Approved courses that are not reported will be dropped from the web page.

**Courses to Report**

List **only** CE courses that you **currently** offer and that are **already approved** by the one of these bodies:

- National Council of Boards of Therapeutic Massage and Bodywork (NCBTMB)
- American Massage Therapy Association (AMTA)
- Delaware Board of Massage and Bodywork

If a course has never been approved by any of these bodies or if you have changed its content or length since its approval, submit an [Application for Approval of Continuing Education](#) instead of this form. The *Application* is available on the *Forms* page of the Board's website at [dpr.delaware.gov](http://dpr.delaware.gov). If the Board approves the course, it will be added to the Board's web page at that time. For information about course approval, see Section 7.0 of the [Rules and Regulations](#), also available on the Board's website.

**How to Submit Report**

If you prefer to complete the report electronically, a fillable version is available on the [Forms](#) page of the Board's website. Fax or email your completed report to the attention of the Board of Massage and Bodywork at (302) 744-2711 or [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us).



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1. Provider Name: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  

\_\_\_\_\_ City
\_\_\_\_\_ State
\_\_\_\_\_ Zip
4. Phone Number(s): \_\_\_\_\_
5. Email: \_\_\_\_\_ Website: \_\_\_\_\_
6. Do you have an NCBTMB Provider #? Yes ☐ No ☐ If yes, enter #: \_\_\_\_\_

Course Name	CE Hours Offered	Core or Elective	Course Approved	Date Approved
		Core <input type="checkbox"/> Elective <input type="checkbox"/>	NCBTMB <input type="checkbox"/> AMTA <input type="checkbox"/> Delaware Board <input type="checkbox"/>	
		Core <input type="checkbox"/> Elective <input type="checkbox"/>	NCBTMB <input type="checkbox"/> AMTA <input type="checkbox"/> Delaware Board <input type="checkbox"/>	
		Core <input type="checkbox"/> Elective <input type="checkbox"/>	NCBTMB <input type="checkbox"/> AMTA <input type="checkbox"/> Delaware Board <input type="checkbox"/>	
		Core <input type="checkbox"/> Elective <input type="checkbox"/>	NCBTMB <input type="checkbox"/> AMTA <input type="checkbox"/> Delaware Board <input type="checkbox"/>	
		Core <input type="checkbox"/> Elective <input type="checkbox"/>	NCBTMB <input type="checkbox"/> AMTA <input type="checkbox"/> Delaware Board <input type="checkbox"/>	
		Core <input type="checkbox"/> Elective <input type="checkbox"/>	NCBTMB <input type="checkbox"/> AMTA <input type="checkbox"/> Delaware Board <input type="checkbox"/>	
		Core <input type="checkbox"/> Elective <input type="checkbox"/>	NCBTMB <input type="checkbox"/> AMTA <input type="checkbox"/> Delaware Board <input type="checkbox"/>	

I understand that the above courses will remain on the *Approved Continuing Education* web page until the end of the current license period.

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_